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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/696592
	Filing Date	10/28/2003
	First Named Inventor	Jeremy A. Johnson
	Art Unit	3768
	Examiner Name	Jaworski, Francis
Total Number of Pages in This Submission	Attorney Docket Number	S02-161/US

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawings	<input type="checkbox"/> After Allowance Comm. to TC
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related papers	<input type="checkbox"/> Appeal Comm. to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Comm. to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/Declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Corresp. Address	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other (Specified below)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Doc(s)	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	Other: 3 month extension fee _____ _____ _____	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

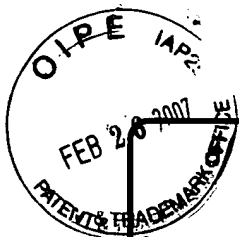
FIRM NAME	LUMEN INTELLECTUAL PROPERTY SERVICES, Inc.		
SIGNATURE			
PRINTED NAME	Robert Lodenkamper		
DATE	2/21/07	REGISTRATION NUMBER	55,399

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below:	
SIGNATURE	
PRINTED NAME	Abigail Capulong
DATE	2/21/07

This collection of information is required by 37 CFR 1.51. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 USC 122 and 37 CFR 1.11 and 1.14.

SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



FEE TRANSMITTAL for FY 2005		Application Number	10/696592
		Filing Date	10/28/2003
		First Named Inventor	Jeremy A. Johnson
		Art Unit	3768
<input checked="" type="checkbox"/> Applicant claims small entity status. See CFR 1.27.		Examiner Name	Jaworski, Francis
TOTAL AMOUNT OF PAYMENT	\$510	Attorney Docket Number	S02-161/US

METHOD OF PAYMENT (<i>Check all that apply</i>)							
<input type="checkbox"/> A check or money order is enclosed to cover the filing fees.							
<input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.							
FEE CALCULATION							
1. Basic Filing, Search and Examination Fees							
	Filing Fees		Search Fees		Examination Fees		Fees Paid (\$)
Application Type:	Fee(\$)	Fee(\$) <i>Small Entity</i>	Fee(\$)	Fee(\$) <i>Small Entity</i>	Fee(\$)	Fee(\$) <i>Small Entity</i>	
Utility	300	150	500	250	200	100	\$0
Design	200	100	100	50	130	65	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. Excess Claims Fees							
2.1 Each claim over 20 or for reissues, each claim over 20 and more than in the original patent \$50 (\$25 small entity)							
2.2 Each independent claim over 3, or for reissues, each independent claim more than in the original patent \$200 (\$100 small entity)							
2.3 Multiple dependent claims \$360 (\$180 small entity)							
Total Claims	Threshold		Extra Claims	Fee (\$)			
49	- 49	=	0	X \$50 (\$25)	\$0		
Indep. Claims	Threshold		Extra Claims	Fee (\$)			
2	- 3	=	0	X \$200 (\$100)	\$0		
Multiple Dep. Claims				Fee (\$)			
<input type="checkbox"/>				\$360 (\$180)			
3. Application Size Fee							
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fractions thereof (round up to whole number). See USC 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sheets		Fee (\$)				
- 100 =	/50 =	X	\$250 (\$125)	\$0			
4. Other Fee(s)							
Non-English specification (\$130 fee, no small entity discount)							
Other: 3 month extension fees							510.00

SIGNATURE <u>Robert Lodenkamper</u>			
PRINTED NAME Robert Lodenkamper		TELEPHONE	650-424-0100
DATE 2/21/07		REGISTRATION NUMBER	55,399